UNITED STATES HOUSE OF REPRESENTATIVES		<b>Form A</b> For Use by Members, Officers, and Employees	LEGISLATIVE RESOURCE CELTS
<b>\</b>			2019 JANOFICE Use Only) TH
Name: MARK SANFOR)	Daytime Telephone:	ne:_	LS A \$200 penaltyંકામણી ખુંલે વર્ષ્ક્ર કુંકેકે ed against any Individual who files more than 30 days late.
FILER  Member of the U.S.  State:  STATUS  House of Representatives  District:	25	Officer or Employing Office:	æ: Staff Filer Type: (If Applicable) Shared Principal Assistant
<b>REPORT</b> 2017 Annual (Due: May 15, 2018)	Amendment	Termination  Date of Termination:	mination: 1m 3 · 2019
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	SE QUESTIONS		
A. Did you, your spouse, or your dependent child:     a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or     b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	ON X	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	or arrangement with an Yes No X
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction     exceeding \$1,000 during the reporting period?	No Control of the con	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	t child receive any value from a single Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	₹ 8	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?	e reporting period?
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	\$   	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	donation to charity in Yes No
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	× 8 □	Ш	CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT	DEPENDENT, OR TRUST INFORMATION - A	NSWER EACH	OF THESE QUESTIONS
<b>IPO</b> – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you the Committee on Ethics for further guidance.	blic Offering during the report	ting period? If you answered "yes" to this question, please contact	tuestion, please contact Yes No X
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" this report details of such a trust that benefits you, your spouse, or dependent child?	e on Ethics and certain other id?	"excepted trusts" need not be disclosed. Have you excluded from	fave you excluded from Yes No X
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	" income, transactions, or liab with the Committee on Ethics	ilities of a spouse or your dependent child because they meet all	because they meet all Yes . No X

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: MAYShall 11 SANFOND

Page L of

Lave jon	rbive cheen cap inc	BLIND JOHN LUC.	BIG TRUE AD. LLC		SOA KING START	ABC Hedge Fund X	Examples:	SP Mega Corp. Stock EIF	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is own \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.  For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you report a privately-traded fund that is an Excepted Investment Fund, please check the "Eliphox."  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction bookket.	(do not use only ticker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	BLOCK A  Assets and/or Income Sources Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in 'unearmed' income during the year.  Provide complete names of stocks and mutual funds
X				×	X		Indefinite		None \$1-\$1,000 \$1,001-\$15,000	A B C C	
		×	X .			×		X	\$50,001-\$100,000  \$100,001-\$250,000  \$250,001-\$500,000  \$1,000,001-\$5,000,000  \$5,000,001-\$25,000,000  \$25,000,001-\$50,000,000  Over \$50,000,000  Spouse/DC Asset over \$1,000,000*	m 79 60 H X F &	BLOCK B  Value of Asset  Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting period and is included only because it generated income, the value should be 'None.'  *Column M is for assets held by your spouse or dependent child in which you have no interest.
×		×	×	X	X	Partnership Income	Noyaires	×	NORE DIVIDENDS RENT INTEREST CAPITAL GANS EXCEPTED/BUND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		BLOCK C  Type of Income  Check all columns that apply. For accounts that generate tax-deferred income (such as 401(t), IRA, or 529 accounts), you may check the "Tax-Deferred column. Directedands, Interset, and capital gains, the income for assets held in taxable accounts. Check "None" of the asset generated no income during the reporting period.
×		×	×	X	×	×	×	×	\$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$3,000 \$5,001-\$15,000 \$5,001-\$10,000 \$50,001-\$10,000,000 \$1,000,001-\$5,000,000  Over \$6,000,000 Spouse/DC Asset with Income over \$1,000,000*	child in which you have no interest.	* 0 m 3 m 0 3 m
								S(part)	blank if there are no transactions that exceeded \$1,000.	If only a portion of an asset was sold, please indicate as follows: (S (part)).  Leave this column	

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×			×				×									\$50,001-\$100,000 m \$10,001-\$100,000 c	Value of Asset	BLOCK B
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																\$25,000,001-\$50,000,000 Spouse/DC Asset over \$1,000,000*		
×		X	×			×										DIVIDENOS  INTEREST	Тур	
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	<b>16.7</b> 0	t de la		\$ *** «!!		a a constant										Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		_
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*					X	×							**	×		\$5,001-\$15,000 \leq \text{\frac{1}{2}}	Amount of Income	BLOCK D
																\$50,001-\$100,000 \( \leq \)  \$1,000,001-\$5,000,000 \( \times \)  \$4,000,001-\$5,000,000 \( \times \)	ome	
																Spouse/DC Asset with Income over \$1,000,000°	Transaction	BLOCKE

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Marshall Mark Stateon

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BLOCK A Assets and/or Income Sources		AGRET NAME	~ 1	Future Scolors	_	22	1D homen bade	Americal		Southern Co.								
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	Spouse/DC Asset over \$1,000,000°		315,3148 4	ALC: NO.	******	\$22,52	1 500	in Magaz	٤		THE COLUMN	****	TO ALK II	egwysian.			artic.	
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BLOCK C	EXCEPTEOBLIND TRUST		are A					25.5			Constant							100
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	Spouse/DC Asset with Income over \$1,000,000"			0 000														
BLOCK E Transaction	P, S, S(part), or E																	
it on	Q																	

## **SCHEDULE B - TRANSACTIONS**

Name: MATSHALL "SAMED A) Page 5 \_ of \_/ 0

										102 Wilson St, Dorchater Sc	& Grenwich St., Childrense.	SP Example Mega Corp. Stock	SP, DC, JT Asset	Capital Galins: If a sales transaction resulted in a capital gain in excess of \$200, check the 'capital gains' box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.  *Column K is for assets solely held by your spouse or dependent child.	dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold please choose "partial sale" as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the recording period of any security or real property held by you your spouse, or your
										×	×			Purchase		Tyr
														Sale		e of T
												×		Partial Sale		Type of Transaction
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														Over \$1,000,000* (Spouse/DC Asse	() ×	

## SCHEDULE C - EARNED INCOME

Name: "MATIK" som ford Page 0 으 á

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

#### **SCHEDULE D - LIABILITIES**

Board liabilities of over \$10,000 awad to say one creditor at any time during the reporting paried by your spouse or your dependent child. Mark the highest amount awad during the reporting
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you by a spouse or the child, parent, or sibling of you or your spouse. \*Column K is for liabilities held solely by your spouse or dependent child.

			SP, DC, JT	-	•
	and	Example			
	Black of Internet, Robert Bank Aug, 2016	First Bank of Wilmington, DE	Creditor		
	try, 2016	5/15	Date Liability Incurred MO/YR		
	Mortgage	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
			\$15,001- \$50,000	80	
			\$50,001- \$100,000	c	
		×	\$100,001- \$250,000	0	<b>\</b>
	×		\$250,001- \$500,000	m	moun
			\$500,001- \$1,000,000	71	Amount of Liability
			\$1,000,001- \$5,000,000	စ	ability
			\$5,000,001- \$25,000,000	Ŧ	
			\$25,000,001- \$50,000,000	-	
			Over \$50,000,000		
1 1			Over \$1,000,000* (Spouse/DC Liability)	_	

#### **SCHEDULE E - POSITIONS**

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Position Name of Organization
	(NONE)

### **SCHEDULE F - AGREEMENTS**

Name:	
Mark Smutard	Afrohall "
Page // of /	A

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

			Date
			Parties to Agreement
		(NONE)	Terms of Agreement

#### SCHEDULE G - GIFTS

prior approval of the Committee on Ethics. Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. **Exclude**: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. **Note**: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require

	Source	Description	Value
Example: N	Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
		NONE	

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT

Name: MANShall / SHNford
uark"

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

**EXCLUDE**: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Bajing, China-DC	Υ	٧	Z
Examples:	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	Υ	Υ	Y
	(NONE)					
	( ,					

# SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name:	₹-
MARK	physhall
Smyford	>
Page / O of /O	3

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	or of an event to a charitable organ	nization in lieu of paying an	honorarium to you. A
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb, 2, 2017	\$2,000
NONE)			